ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

ARNOLD URBAN SANITARY DISTRICT,

For the Year 1904.

Arnold, January, 1905.

To the Arnold Urban District Council.

Gentlemen,

I beg to present my Eighth Annual Report, which deals with 1904. I will ask you first to consider the

Vital Statistics.

I.—*Population.* In previous years I have estimated the population by merely adding each year the average yearly increase between the two preceding censuses: this method of calculation allows for a uniform rate of increase year by year, and probably is sufficiently accurate in a rural district, where the variations in population are not dependent on immigration or emigration, but in an urban district such as ours the population varies, to a large extent, in direct proportion to the prosperity of the place, in times of good trade, when the factories are busy and employing more hands, when new collieries are being started and bringing fresh colliers to the district, the population naturally increases; while in bad times the reverse takes place. I have therefore thought that some other method should be adopted for the estimation of the population, and so I have worked it out for the middle of 1904, in the following way, viz.: by multiplying the number of inhabited houses by the average number of inhabitants per house existing at the time of the last Census. Mr. Coope, the Collector of Rates, has very kindly calculated for me the number of inhabited houses which he informed me was 2,200: the average number of inhabitants per house at the last Census was 4·8, but where there has been rapid building and a period of prosperity, the number of persons per house usually decreases, so I have estimated the latter at 4·5 instead of 4·8: the population, therefore, on this calculation, is 9,900. This is an increase of 946 on the previous year, and, considering the large number of new houses, and the number of colliers who have come into the district in consequence of the opening of Gedling Colliery, I do not think it is over estimated.

II.—*Deaths*. 143 were registered during the year—68 males and 75 females: the death rate is 14·4 per 1,000 per annum.

This is the gross rate, by which I mean that I have not included any persons belonging to the district who have died in a public institution (Hospitals, Asylums, or Workhouses) outside the district, these, according to the Local Government Board's tables (Table I., col. 11), should be added to the number of deaths actually registered in the district, and the deaths of persons not belonging to the district, but who have been brought there on account of illness, and who have died there in a public institution (column 10) should be deducted from the gross number, so as to give the nett deaths. Column 10 presents no difficulty as there is no public institution in our district, but column 11 cannot be accurately filled in, as it is quite impossible to find out or remember what residents have died outside the district. Under these circumstances the death rate of 14·4 is slightly lower than it should be, the corrected rate being probably about 14·8 or 15. In my opinion it was better when each district calculated its own *gross* death rate only; this, at any rate, ensured uniformity, and made it certain that every death was included, whereas, now, it is quite possible that some deaths are not included at all in the *corrected* rate, being excluded from the district where they occurred, and not included in the returns of the district where the persons originally came from.

The death rates of the previous 10 years are appended in Table I., and, on comparison, it will be seen that the rate for 1904 is lower than in 1903, and lower than the average of the preceding 10 years.

The diseases causing the chief mortality were (Table IV.) :—

Zymotic Diarrhœa		..	..	19
Bronchitis ..	..	..	..	16
Heart Disease	..	..	..	12
Consumption	..	..	..	9
Diphtheria	..	..	..	8

Age Mortality.

Table IV. shows the ages at which the deaths occurred, and also the causes of death classified and arranged. The following is the percentage of deaths at different ages:—

Under 1 year ..	59 deaths	..	41·25	per cent
Between 1—25 years	35	,, ..	24·47	,,
,, 25—65 ,,	24	,, ..	16·78	,,
Over 65 years ..	25	,, ..	17·48	,,

Seasonal Mortality.

42	deaths	occurred	in the	1st	quarter or	29·37	per cent.
26	,,	,,	,,	2nd	,,	18·18	,,
40	,,	,,	,,	3rd	,,	27·97	,,
35	,,	,,	,,	4th	,,	24·47	,,

The large number of deaths during the 3rd quarter was due to infant mortality, as, at this period of the year, epidemic diarrhœa is most common and chiefly affects young children.

Infant Mortality.

There were 59 deaths in infants under 12 months of age; this means a death-rate of 200 per 1,000 births. Sixteen of these deaths were due to zymotic diarrhœa, which was very prevalent during the hot dry summer, only once, in 1897, has the infantile death-rate been so high. This increased death-rate is much to be regretted, and indicates a large loss of life which to a great extent is preventible.

The infantile death-rate is always of extreme importance, and a sure index of the state of local sanitation, as infant life is particularly sensitive to insanitary conditions, which give rise to the most fatal of children's complaints (diarrhœa); this rate, morever, is calculated on a certainty, *viz*: the number of births registered, and has nothing to do with the estimated population. Climactic conditions without doubt have a determining influence on the amount of diarrhœa present—a cool wet summer being unfavourable to the disease—but these are only secondary to the local sanitary condition.

The remedy lies mainly in efficient and regular scavenging, good drainage, and cleanliness in and around houses, and in the methods of infant feeding. A considerable number of these deaths is due to improper feeding from ignorance, and some, I cannot but think, could be traced to the all too prevalent system of Infantile Life Assurance, which makes an infant's life a marketable commodity, and so encourages carelessness which is often sufficient to compass the life of a delicate child. These cases are difficult to prove, but it is important for medical men to be on the outlook for such cases, and to withhold the certificate of death if there be any reasonable ground for suspicion.

III.—*Births.* 295 were registered during the year, 154 males and 141 females.

The birth-rate is 29·79 per 1,000 per annum, which is considerably lower than the average of the preceding 10 years.

IV.—*Infectious Diseases.* There were 55 cases notified during the year, a large decrease of the total for 1903, which was 106; the following were the diseases :—

26	cases of	Scarlet Fever.
23	,,	Diphtheria.
5	,,	Enteric Fever.
1	,,	Puerperal Fever.

Table III. shows the ages at which they occurred. There were 32 deaths from Zymotic or Infectious diseases .—

19	from	Epidemic Diarrhœa.
8	,,	Diphtheria.
2	,,	Whooping Cough.
1	,,	Enteric Fever.
1	,,	Epidemic Influenza.
1	,,	Puerperal Fever.

This represents a death-rate of 3·23 per 1,000 per annum, which is the highest for many years.

Notifiable Infectious Diseases.

I.—*Enteric or Typhoid Fever.* Five cases were notified during the year. The district is, as a rule, particularly free from this disease, in a great measure, I have no doubt, this is due to the enjoyment of an abundant and pure water supply. In years past, typhoid fever used to be fairly prevalent in certain parts of Arnold, and the lessened number of these cases in the last few years undoubtedly points to an improvement in the sanitary conditions of the place; there is still, however, a great deal to be done, especially in the abolition of midden privies and cesspools, the constant effluvia from these places without doubt acting as a powerful predisposing cause of typhoid fever.

Of these five cases, two occurred in houses with midden ashpits, in one there was a cesspool, and in the other two there were waste-water closets.

One case was fatal.

II.—*Diphtheria.* Twenty-three cases were notified. This is an unusually large number, the average of the preceding six years being only 4·1. Nearly one-half of the cases occurred in January and February, just at the time when the outbreak of scarlet fever, which began in 1903, was beginning to decline; it often happens that an epidemic of diphtheria follows scarlet fever.

There were eight fatal cases, giving a death-rate of 34·7 per 100 cases; last year it was 14·2 per 100.

The chief means of checking this disease are:—

1. Improved sanitation.
2. Hospital isolation.
3. The systematic employment of anti-diphtheritic serum, both as a preventative and as a means of treatment.

III.—*Scarlet Fever* has been present nearly the whole year, 26 cases having been notified. The type of the disease was mild, and there were no deaths.

IV.—*Erysipelas.* No cases occurred.

V.—*Puerperal Fever.* There was one case, which proved fatal.

VI.—*Small-pox* has been entirely absent from our district. Though there has not been such an epidemic in the County as in 1903, yet there has been a considerable number of cases during the year in the neighbourhood, and, as I said last year, I think we are indeed fortunate that we have so far escaped. Vaccination and re-vaccination are the only safe-guards against the disease, and everyone ought to take advantage of this protection.

In April I received a communication from the Medical Officer of Health for Nottingham, in which I was informed that a family in Portland Street had been in contact with a small-pox patient in Bulwell two days previously; the parents had been vaccinated in infancy, but the three children were unvaccinated. With some little difficulty I persuaded them to be vaccinated and have their clothes disinfected, and no small-pox developed. It is quite certain that vaccination affords protection even after exposure to the disease, if done within a few days.

Non-Notifiable Infectious Diseases.

VII.—*Measles.* There were only a very few cases throughout the year, and there were no deaths from this cause.

VIII.—*Whooping Cough* was prevalent during January and February, and caused two deaths. It is a very difficult disease to eradicate, for the child is infectious before the characteristic cough appears, the infection lasts a long time, and it is practically impossible to isolate children, at any rate in the homes of the poor, for any length of time, whose only trouble perhaps is a slight cough.

During an epidemic, children who have a cough should be kept away from school, even though there be no regular "whoop."

IX.—*Epidemic Diarrhœa* was extremely prevalent during June and July, and accounted for 19 deaths, 16 of which were in children under 12 months of age. The main cause of this disease, as I have mentioned under Infant Mortality, is hot, dry weather combined with insanitary conditions, and aided by careless and improper feeding of infants. Urban districts always suffer more than Rural, probably because more of the children are hand-fed on account of the mothers going out to work, and because the population is denser, combined with a less sanitary condition in and around the houses.

In a district such as ours the paving of yards around dwelling-houses is an important matter, for foul impregnated dust gets blown about contaminating the milk, and thus constituting a very potent cause of diarrhœa in children.

X.—*Influenza* was present in a mild form during the early months of the year, but was not epidemic; in December, however, it was very prevalent, and complicated in nearly every case by bronchitis or pneumonia, the attacks were mostly severe, but of comparitively short duration; the weakness following, however, lasted for a considerable time. There was one death from this cause.

XI.—*Phthisis or Consumption of the Lungs* caused 9 deaths, giving a death-rate of ·9 per 1,000 per annum, which is practically the same as the average for the last 10 years.

Great attention has of late years been paid to this subject, both from a curative and preventative point of view; it is now generally recognised that this disease is caused by overcrowding, defective ventilation, and damp and general insanitary conditions in houses. Consumption is undoubtedly an infectious disease, and the sputum is the main agent for the conveyance of the germ from man to man; these germs do not thrive well in fresh air and sunlight, and therefore for the prevention and cure of consumption we rely mainly on an abundance of fresh air, and it is for this object that Sanatoria have been started in this country during the last few years, not only as a means of cure, but also on account of their educational value in teaching people the value of fresh, pure air night and day. It is very difficult to make some people believe that having the window open at night will not give them cold; from what I have said it will be seen that consumption is likely to spread in the homes of the poor where ventilation is usually deficient, and in factories and workshops where there are a large number of persons constantly gathered together.

Professor Koch, an eminent authority on the subject, has said "it is the overcrowded dwellings of the poor that we have to regard as the true breeding places of Tuberculosis; it is out of them that the disease always crops up anew, and it is to the abolition of these conditions that we must, first and foremost, direct our attention, if we wish to attack the evil at its roots, and to wage war against it with effective weapons."

The chief measures therefore to be taken to check this widespread disease are:—

(1) The prevention of overcrowding.
(2) Efficient ventilation in rooms both night and day.
(3) The prevention of the sale of milk from Tubercular cows
(4) The prevention of spitting.
(5) The collection of the expectoration of a consumptive patient in a special receptacle and the burning of it afterwards.

Disinfection.

After every case of infectious disease disinfection by formaldehyde or sulphur dioxide is systematically carried out, and, judging by results, fairly successfully, for very rarely do we have a second case occurring in a house after the disinfection. This method, however, cannot be relied upon to sterilize bulky articles, such as mattresses or feather beds; the great want, of course, is a steam disinfector for the purifying of things which cannot be boiled, in the absence of which a great deal depends on the good sense and intelligence of the householder. So far, however, I have always been able, more or less, to get my instructions carried out when I have fully explained the necessity. The chief difficulty arises always over the mattress, but as, in most instances, I have been able to suggest, at the beginning of the case, that the oldest bedding should be used, I have usually been able to persuade the people that the only safe thing to do is to burn it. After fumigation, boiling of the infected bedding and clothing takes place, when possible, and the room is scrubbed out with carbolic soap and water, and the windows left wide open for some days, and, when I can, I get the ceiling whitewashed and the walls re-papered

The Sanitary Inspector has appointed a man to attend to the disinfection, and he has shown care and taken pains in carrying it out.

Isolation Hospital.

All cases of infectious disease have to be treated at home, as there is no Isolation Hospital, except for Small-pox, in the district, nor any outside to which patients can be removed.

In a fair number of cases infectious diseases can be satisfactorily treated at home; in the crowded dwellings of the poor, however, where there is usually deficient bedroom accommodation and isolation cannot be properly carried out, it becomes a serious matter. In many cases, moreover, two or perhaps three girls in the family have to be kept away from work at the factory or laundry for fear of spreading infection, and no home-work can be done, in these cases it is a grave hardship from a monetary point of view. I refer chiefly to cases of scarlet fever in which infection lasts for such a long time (six or eight weeks).

The question of Hospital Isolation for scarlet fever is always a difficult matter for small communities like ours, and the only way out of the difficulty, so far as I can see, is by combining with other districts and having a joint hospital, in the same way as we have done for small-pox. I gave my reasons, in my last Report, for not turning this Hospital into one for scarlet fever.

Grave objections have of late been raised against the isolation of scarlet fever in Hospitals, in that the disease is neither eradicated nor its prevalence lessened in our midst My view of the question, however, is that isolation in Hospital in those cases, where it is impossible to obtain it at home, must of a necessity prevent the spread of the disease to other members of the household, and if it did no more than this its value would be ensured.

Scavenging.

This is probably the most important of all sanitary work in a district like ours, where the privy-midden system is so largely used, and on the whole it has been done satisfactorily. The work is done by a contractor who finds everything, and is paid a fixed salary, and so long as he can find a market for the refuse I should think he finds it profitable.

The refuse is now no longer deposited in the road before being put into the cart, but I notice it is sometimes temporarily stored in the yard before the cart arrives, this being due to the fact that the middens can be emptied more quickly than the carts, and is perhaps excusable sometimes, as it would otherwise mean a serious loss of time if the scavenger had to remain idle whilst the cart was being emptied. In connection with this subject I would draw attention to the unsatsifactory condition of many of the yards and spaces around houses, these should be paved or asphalted : in their present state when slops and organic matter are thrown about, as is too often the case, conditions arise which are very prone to produce disease, especially in hot weather.

The sanitary tins are emptied once a week. Waste-water closets should be constructed on Duckett's principle, that is, with a "tipper." These are satisfactory and act well, the others without a "tipper" are very often a failure, in consequence of an insufficient flush. The former are more expensive, but well repay the initial outlay in preventing the nuisance of choked drains, &c. It would be well when plans for new houses are submitted, that water-closets with a "tipper" should, if possible, be insisted upon.

Nuisances.

Notices of nuisances from choked drains, wet ash pits, and cesspools have been received both by the Sanitary Inspector and myself during the year. The choked drains, in nearly every case, were due to the insufficient flush of waste-water closets without a "tipper," and necessarily occurred again and again.

Wet ashpits were not so much in evidence as in previous years, due partly to the fact that you are allowing no new ones to be built, and partly to the fact that most of the old dilapidated ones have already been put into repair.

The cesspools in Scout Lane have been a constant source of trouble to the inhabitants in the neighbourhood, both Typhoid Fever and Diphtheria are supposed to have arisen in consequence of them. I inspected them, and in one case I found a nuisance arising from the smell of an overflow pipe, as the contents drained into a field; and in another I found a cesspool overflowing in the garden, due to the fact that it was not large enough for the needs of two houses. In both instances the landlord remedied the defects without any bother.

Sewers.

The condition of the sewers is satisfactory, and they are flushed about every five or six weeks. A combined water and flushing van has been purchased, and it acts well.

The following roads are not sewered:—Scout Lane, Arnehall Road, and Bonnington Road. Cesspools are, or ought to be, things of the past, and I trust these streets will be sewered before long.

Houses unfit for Habitation.

I have reported on the condition of Mrs. Cook's property in Derry Mount. There are nine houses, which, with one exception, are unfit for habitation; at the time of my visit five only were occupied. They are all, more or less, dilapidated—some with the roofs falling in, some without any windows, and some without proper flooring; one tenant had half-a-dozen dogs in his sitting room, which, in consequence, was in a deplorable dirty condition, and had turned one of the bedrooms into a pigeon house. The landlady has been warned several times that she must repair the property, but she has not yet done so. I understand that an official order to that effect has now been sent her. The present condition of things is intolerable, and I hope the matter will not be allowed to drop.

Cow Sheds.

One new one has been built during the year; it is properly drained, lighted, and ventilated. The others remain much in the same state as in previous years, most of them have been built for a very long time, and consequently are not up-to-date as regards light, ventilation, and drainage. There are very few dairies or store places for milk, as it is usually sent away immediately for distribution.

Slaughter Houses.

The Sanitary Inspector and myself have made systematic inspections of these during the year. There are six licensed, but only four in regular use. There was no great fault to find in any of them; the flooring, ventilation, and water supply being in all cases good; limewashing required doing in one, otherwise they were all clean, and in none was there any refuse left lying about.

I believe that systematic inspections of slaughter houses and bake houses have a very salutary effect, as they make the owners exercise greater care in keeping them clean.

Factories, Workshops and Bakehouses.

Section 132 of the Factory and Workshop Act, 1901, requires that "the Medical Officer of Health of every District Council shall, in his Annual Report to them, report specifically on the administration of this Act in workshops and work-places, and he shall send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State." In the case of factories the duties of a District Council are few, the Council is charged chiefly with the duty of seeing that every factory in its district is provided with the means of escape in case of fire

In regard to workshops and work-places District Councils have important duties, which may be classified as follows —

(1) The sanitary condition of workshops and work-places generally.
(2) Provision of means of escape from fire in workshops.
(3) Special sanitary regulations for bakehouses.
(4) Home-work.

Frame-work knitters and bakers are the chief occupiers of workshops in this district; there are 31 workshops on the Register.

The frame-work knitters very often have to work in small, low-pitched rooms, which, as a rule, are kept fairly clean, though the walls require more frequent limewashing; ventilation and light are usually sufficient.

The bakehouses, of which there are 16 in number, have been regularly inspected during the year. On the whole my report is favourable; I should classify them as follows:—

Good (kept clean and limewashed regularly) ..	9.
Fair (clean, but requiring limewashing)	6.
Bad (dirty in all respects)	1.

In only two was there an Abstract of the Act fixed up and a register kept as required by Sections 128 and 129 of the Act.

There is one underground bakehouse, the certificate for which was granted in 1903.

As regards outworkers I can only find the record of two lists—representing 42 outworkers—as having been received during the whole year. It will not be out of place to quote part of Section 107 of the Factory and Workshop Act. "The occupier of every factory and workshop shall send on or before the 1st day of February and the 1st day of August in each year copies of those lists to the District Council."

"In the event of any occupier of a factory, workshop, or place failing to keep or send such lists he will be liable to a fine of two pounds for the first offence, and five pounds for a second or subsequent offence."

Three lists have been received from other authorities.

The object of these lists is to enable the District Councils to prevent home-work being done in dwellings which are injurious or dangerous to the health of the workers themselves—through overcrowding, want of ventilation, etc.—or in premises where there is a dangerous infectious disease. I have not so far come across a case of preventable overcrowding, though I have had many times to advise about more ventilation.

As regards infectious diseases, especially scarlet fever, I have had no need to ask you to use your powers, as I have never had the slightest difficulty in getting the work abandoned for the time being.

In conclusion, Gentlemen, I beg to thank you for the kindness and consideration which I have at all times received at your hands.

I am,

Your obedient Servant,

HARVEY FRANCIS, M.D.,

Medical Officer of Health.

ARNOLD DISTRICT.

TABLE I.

Vital Statistics of Whole District during 1904 and Previous Years.

YEAR	Population estimated to Middle of each Year	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	Deaths of Non-residents registered in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT	
				Under 1 Year of Age		At all Ages						
		Number	Rate*	Number	Rate per 1,000 Births registered	Number	Rate*				Number	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1894	8064	262	32·49	32	122	101	12·52	..	..	..	101	12·52
1895	8162	278	32·83	52	187	144	17·64	..	..	..	144	17·64
1896	8258	266	32·21	38	142	114	13·8	..	..	..	114	13·8
1897	8346	279	33·42	71	254	155	18·57	..		..	155	18·57
1898	8448	246	29·1	38	154	112	13·25	..	..	2	114	13·49
1899	8550	251	29·35	45	179	132	15·43	..	..	1	133	15·55
1900	8654	304	35·12	46	151	146	16·87	..	..	3	149	17·21
1901	8757	265	30·26	37	139	111	12·67	..	..	3	114	13·01
1902	8856	290	32·74	41	141	130	14·67	..	..	3	133	15·01
1903	8954	294	32·83	50	170	133	14·85	..	..	..	133	14·85
Averages for years 1894-1903.	8504	273	32·03	45	163	127	15·02	..	..	..	129	15·16
1904	9900	295	29·79	59	200	143	14·4	..	..	..	143	14·4

*Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water), 4612.

Total population at all ages, 8757. Number of inhabited houses, 1799. Average number of persons per house, 4 8.
At Census of 1901.

ARNOLD DISTRICT.

TABLE III.

Cases of Infectious Disease notified during the Year 1904.

Notifiable Disease.	Cases Notified in Whole District.							Total Cases notified in each Locality.							No. of Cases removed to Hospital from each Locality.						
	At all Ages	At Ages—Years						1	2	3	4	5	6	7	1	2	3	4	5	6	7
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards														
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	23	..	8	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Membranous Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	26	..	4	19	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	5	..	..	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	55	..	12	35	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

ARNOLD DISTRICT.

TABLE IV.

Causes of, and ages at, Death during Year 1904.

Causes of Death	Deaths in or belonging to whole District at subjoined Ages							Deaths in or belonging to Localities (at all Ages)							Total Deaths in Public Institutions in the District
	All ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards								
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	2	1	1	..	...	..	...	...	...	...	..	...	...	...	...
Diphtheria and Membranous Croup ...	8	...	4	4	...	...	...	...	...	...		...	...	...	...
Croup	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Typhus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Fever Enteric ...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Other contnd.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	..	...	...	...	...	..	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	19	16	2	...	...	...	1	...	...	...	...	...	...	...	...
Enteritis	3	2	...	...	...	...	1	...	...	...	...	...	..	...	...
Puerperal Fever ...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Septic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis	9	1	2	1	1	4	...	...	...	...	...	...	...	...	...
Other Tubercular Diseases	2	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Diseases	3	..	...	...	...	2	1	...	..	...	...	...	...	...	...
Bronchitis	16	5	6	...	...	...	5	...	...	...	...	...	...	...	...
Pneumonia	4	1	1	...	...	2	...	...	...	...	...	...	...	...	...
Pleurisy	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...
Other Diseases of Respiratory Organs	4	...	1	...	...	1	2	...	...	...	...	...	..	...	...
Alcoholism Cirrhosis of Liver ...	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal Diseases ...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...
Premature Birth ...	5	5	...	...	...	...	...	.	...	...	...	...	...	...	...
Diseases and Accidents of Parturition ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Diseases ...	12	...	...	2	1	3	6	...	...	...	...	...	...	...	...
Accidents	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Suicides	...	...	..	..	...	...	...	...	..	...	...	...	...	...	...
All other causes ..	51	28	4	...	1	10	8	...	...	...	...	...	...	..	...
All causes ...	143	59	22	8	5	24	25	...	...	...	...	...	...	...	...